GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

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Saint Elizabeths Hospital
Office of the Director of Clinical Operations
1100 Alabama Avenue, S.E.
Washington, D.C. 20032
Court – Phone: (202) 879-1390/1758
Fax: (202) 879-1631/1734
SEH – Phone: (202) 299-5241
Fax: (202) 561-6932

May 9, 2012

The Clerk, Criminal Division
Superior Court of the District of Columbia
500 Indiana Avenue, NW, Room 4110
Washington, D.C. 20001

Re: DAVIS, Michael
Case #'s: 2012 CF3 7286 & 2012 CF3 7288

Dear Sir or Madam:

In response to court orders, I conducted a competency screening examination of Mr. Michael Davis on May 7, 2012 and May 9, 2012 in the D.C. Superior Courthouse cellblock. The purpose of this examination was to assist the Court in its determination of the defendant's competency to stand trial in this case, participate in status hearing. Mr. Davis is a 19-year-old man who is currently facing two chargcs of Assault with Intent to Kill While Armed. According to the Mental Examination Information Sheet, this evaluation was ordered because "defense counsel raises competency concern prior to the Felony Status Conference hearing."

This report is based on a three-hour interview with the defendant on May 7, 2012 while accompanied by his attorneys, Dana Page and Laura Rose, and a one hour interview on May 9, 2012 while accompanied by his attorney, Laura Rose. Additionally, I reviewed the Competency Screening Examination Orders, the Mental Examination Information Sheet, the Pretrial Services Agency Report, Criminal Rule 112, the U.S. Attorney's Statement of Charges, the Gerstein proffer, Order Authorizing Continued Hospitalization of Person for Emergency Observation and Diagnosis; and Appointing Counsel dated May 13, 2011, medical/psychiatric records from the D.C. Department of Corrections, and urine drug screening test results. The Georgia Court Competency Test – Mississippi

State Hospital Revision was also administered during both sessions. Mr. Davis was informed of the nature and purpose of this examination and the limits of confidentiality.

Upon mental status examination during both interview sessions, Mr. Davis was generally alert, pleasant, cooperative, and in no acute distress. He presented as a tall, stocky young man whose short hair was somewhat unkempt, and who was dressed in clean prison-issued clothing. He exhibited little energy or excitement and demonstrated a limited range of affect. During both evaluations, the defendant often stared at the evaluator or some other stimuli in the room (i.e., wall or floor). His gaze appeared distant rather than focused, as if he was staring off in space. When directly confronted about his apparent distraction, he stated that he was listening to the examiner and appeared unaware of his behavior. His speech was low in tone and volume and slow in pace, which made it difficult to hear what he was saying at times. His conversation, although coherent and goal-directed, was rather limited in that he generally answered many questions with only one or two words such as "yes" or "no." And his responses seemed impulsive rather than indicative of a clear understanding of the information presented to him. He would quickly answer questions without taking much time to consider his response and was often unable to re-phrase the question posed to him or elaborate on his response in his own words. He denied experiencing psychiatric symptoms such as depression, auditory or visual hallucinations, paranoia, delusions, or homicidal/suicidal ideation.

Mr. Davis' attention and concentration appeared limited. His memory for recent and remote events was only fair in that he was able to talk about his personal history in general, but was unable to supply many details. His immediate recall was unimpaired, but his delayed recall was poor. He could not recall the exact name of his charge (Assault While Armed with Intent to Kill) immediately after teaching or after approximately ten minutes. Despite instruction, he would refer to his charge as "Armed to Kill." This problem was also evident throughout the evaluation, as Mr. Davis was often unable to recall information immediately after it was taught to him or approximately 10 -15 minutes later. He was, however, able to discuss the similarities/ differences between various nouns, interpret well-known sayings, give appropriate responses to hypothetical social situations, and report on several recent and past U.S. events. His insight into his mental illness and his current legal situation was poor.

Mr. Davis reported that he attends the YIT (Youth in Transition) school in Baltimore, Maryland and indicated that he has been there from the 9th through the 11th grades. When asked if this is a special education school, he nodded in agreement and when asked about his school subjects, he was able to name the courses without hesitation. When asked how he is doing in school, he replied that he's "doing good." He stated that he has two more years of schooling. His responses were confusing when he was asked about his recent attendance at the school following the Spring break in March of this year.

According to the Petition for Continued Hospitalization for Emergency Observation filed by the Psychiatric Institute of Washington on May 13, 2011, Mr. Davis was admitted to that facility on May 12, 2011. According to the documents, his mother brought him to the emergency room because he was experiencing auditory and visual hallucinations. He had apparently "laughed and yelled out loud at school...and lay on the bathroom floor at

home for one hour talking to himself...His teacher and his parent are both afraid of him." He was diagnosed with Schizophrenia, Paranoid Type and Borderline Intellectual Functioning. It was noted that he had a history of "psychotic issues/hospitalizations." The mental status examination described paranoid behaviors, anxiety, low-volume speech, and guarded affect along with limited insight.

According to the D.C. Department of Mental Health's computerized consumer information system, Mr. Davis was seen at the Comprehensive Psychiatric Emergency Program on July 14, 2012 and released within 24-hours. No diagnosis was listed.

Medical/psychiatric records from the D.C. Department of Corrections indicate that Mr. Davis was admitted to the Central Detention Facility on April 28, 2012. He was initially interviewed on that date by a staff social worker who noted that the defendant denied current and previous mental health treatment and denied cognitive concerns. His speech was described as "slow" and his affect blunted. His thought processes were circumstantial and his motor activity slowed. He presented as "suspicious" and the social worker indicated cognitive concerns. Therefore, he was sent to the mental health unit for further assessment. His admitting physical examination on the same date was essentially within normal limits with the exception of increased cerumen in his ears and poor oral hygiene. It was also noted that a "court alert" had accompanied him detailing "Schizophrenia, ADHD. Medications: diphenhydramine {Benadryl, for potential side effects} 25 mg. (after every two weeks) quetiapine {Seroquel, anti-psychotic} 50 mg. once daily (every evening), shots (unknown) once every 2 weeks." His primary treating physician was listed as Dr. [redacted] Mr. Davis indicated during that examination (in contrast to his remarks to the social worker) that he received psychiatric treatment in the community prior to his incarceration, but was "unsure" if he had been psychiatrically hospitalized and was "unsure" about his current psychotropic medications. A nursing assessment on the same date noted encapsulated delusions, thought blocking, slowed motor activity, and blunted affect with poor judgment and insight, although he was "very cooperative with the staff." He reported that he "went to school in Baltimore and took the yellow bus to school every day." He was noted to be a poor historian and denied mental health treatment in the community. He was interviewed by a staff psychiatrist the next day on April 29th. He reported that he attends the Green Door, but was unable to state the reason, indicating that his mother takes him there. He also stated that he did not know if he takes medication. He said that he lives with his parents and grandmother and attends YIT transitional school. No delusional thinking was noted but he was again noted to be a poor historian. "Possibly has cognitive deficits." No psychotropic medications were ordered at that time. On April 30th, a staff psychiatrist ordered Risperdal Consta (anti-psychotic medication by injection) 50 mg. every two weeks and Seroquel 50 mg. every evening. The psychiatrist also listed Mr. Davis' diagnosis as Schizophrenia, Undifferentiated Type. That evening, a third staff psychiatrist met with Mr. Davis and during a mental status examination observed encapsulated delusions, slow speech, illogical thought processes, and labile affect. His insight and judgment were deemed to be poor. He started the defendant on Risperdal, 2 mg. daily. Nursing notes from that time up to the present indicate that the defendant has been quiet on the unit, compliant with the rules, and denies symptoms or side effects from the medication. During his treatment plan conference on May 1st, he was described

as "a little confused {as to} why he is here... {and} polite during the interview." On May 2nd, the psychiatrist indicated that he had spoken with Mr. Davis' psychiatrist at the [redacted] and therefore added Haldol Decanoate (anti-psychotic by injection) to his medication regime. His diagnosis is listed as Psychotic Disorder Not Otherwise Specified and he is currently prescribed Haldol Decanoate and oral Risperdal.

Urine drug screening test results from lock-up on April 28, 2012 were negative. The defendant denied a history of alcohol or illicit substance use.

We spent approximately two hours during the first session going over the legal issues. Much of that time was spent reading the two charges. He appeared capable of reading the material, although very slowly. When asked at the end of each paragraph to give a summary of what he had read, he was able to provide only a rudimentary statement such as "something happened to somebody...they were hit or something." This examiner provided short synopses, but he was still unable to understand the material. I also attempted to instruct him about the relevant legal issues such as the various plea options, the roles of the various courtroom personnel, his rights as a defendant, and the adversarial nature of legal proceedings. He was unaware of these issues when they were introduced to him, and he was unable to learn the concepts. During this section of the examination, he seemed increasingly distracted and was responding more frequently to internal stimuli.

I administered the Georgia Court Competency Test – Mississippi State Hospital Revision during both sessions. This test consists of 21 questions which require the defendant to visually identify the location of certain persons in the courtroom, their function, and his charges. During the first session, he was incorrect on half of the questions, but with re-testing, his answers improved. I re-administered the test during our second session together, and he remembered the correct responses to several of the questions that he had not known during the first session.

Thus, on the basis of this evaluation, it is my opinion that at this time, the defendant currently is incompetent to participate in court proceedings. Further evaluation is nccessary following mental health treatment and competency training. It was clear from the two examinations that Mr. Davis is going to require intensive group and individual competency classes with an emphasis on visual cues along with mock trial scenarios.

Therefore, based upon the complexity and severity of Mr. Davis' psychiatric disorder and his cognitive functioning, it is the opinion of Forensic Legal Services that he requires placement in an inpatient treatment facility in order to conduct an adequate examination.

Should you have any questions regarding the preceding recommendation, please contact the Forensic Services. Call (202) 299-5318 to speak with Dr. Kylee Ann Stevens, M.D., Director of the Forensic Services.

Respectfully submitted,

Elizabeth Teegarden, Ph.D.
Licensed Clinical Psychologist

Reviewed by:

Kylee Ann Stevens, M.D.
Director of Forensic Services